PTO/SB/08 (12-04)

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	APPLICAT	ION AS	FILED - F			пест	ive Decen	vper (0.2004			0/57	34	3	
(Column 1)			1)	(Column 2)			SMALL ENTITY				OR	OTHER THAN			
ASIC FEE NUMBER FILED			NUMBER EXTRA			RATE (1)					SMALL E		ENTITY		
(3) CFR 1.16(1), (U, & SEARCH FEE		ŅVA			N/A		NA		150.0			RATE	1)	FEE	
EXAMINATION FEE		· N/A			N/A.	7.	· NA	-	\$250		•	N/A		300.00	
TOTAL CLAMS	٠ (له	N/A		, NIA		7	X\$ 25 . X100 -		\$100			N/A		\$500	
DI CER 1.16(II) NOEPENDENT CLA		minus 20 a		•								NIA	\$20		
37 CFR 1.16(N)		minus 3 =				1				.OR		X\$50			
IPPLICATION SIZE	4	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an		Pication size fee due entity) for each raction thereor. See and 37 CFR 1 16/61				·			X200	•	•		
EE 37 CFR 1.16(4))	additi 35 U.														
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))							+180=	-1	<u> </u>	-		\ 			
If the difference in column 1 is less than zero, enter "O" in column 2.								- -			Ŀ	+360=			
			IDEO – PA		· .		TOTAL	L		_		TOTAL	L		
	(Column 1)		(Cölun	nn 2)	(Cotumn 3)				·						
10/1/2/	CLAIMS REMAINING		HIGHE		PRESENT.	ır	SMAL	LEN	ΠΤΥ	۰ ۲	R —	OTHE SMAL	R TI LEN	HAN TITY	
1000 :	AFTER MENDMENT		PREVIOL PAID F	JSLY	EXTRA		RATE (1)		ADDI- TANOTI			RATE (\$)	T	·ADOI-	
Total profession of the profes	15	Minus	20		•	1	(\$ 25 .		FEE (t)	1	-		Ŀ	TIONAL FEE (1)	
Application	5.	Minus	5	- 1	*	-	X100	-		OR	 	\$50 _	Ŀ		
						-		-	-/	OR	×	200	_	/.	
FIRST PRESENTATION	ON OF MULTIP	LE DEPEN	DENT CLAIM	(37 CFR	1. [6@]	1	180=	1	/		-	360=		7_	
			-	:		T	OTAL DD'L FEE	1	/	OR	10	TAL	_	<u> </u>	
	CLAIMS		(Column	1 2)	(Column 3)	. *				OR	AD	D'L FEE	$oldsymbol{oldsymbol{oldsymbol{eta}}}$		
AN	EMAINING AFTER ENOMENT		HIGHES NUMBER PREVIOUS	T R	PRESENT EXTRA	1	RATE (\$)	1	ADDI:		R	ATE (\$)		1001-	
(37 CFR 1.16(II)		Minus;	PAID FO	`		1	A 05	F	EE (I)	·			· Ti	ONAL . E (\$)	
Independent (37 OFR 1.18(h))		Minus	***	-		-	\$ 25 .			OR	X\$	50 · .		- 741	
Application Size Fee						X	100 ,			OR '	X2	00.			
FIRST PRESENTATION	OF MULTIPLE	DEPENDE	NT CLAIM (3)	7 CFR 1.	16(0)	-	180=				-				
		•				10	TAL. D'L FEE			OR	TOT/	60±	• • •		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain it retailing a benefit by the public which is to life (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TQ: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.